

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Coventry Health Care Inc - First Health Group PAC

ADDRESS (number and street) ▼

6720-B Rockledge Dr., Suite 800

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20817

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00217216

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Ruhlmann

Signature of Treasurer

John Ruhlmann

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 18 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

|   | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date                                     |
|---|---|---|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2012</span> |   | <span style="border: 1px solid black; padding: 2px;">134142.76</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <span style="border: 1px solid black; padding: 2px;">141068.12</span> |   |
| (c) Total Receipts (from Line 19) .....   | <span style="border: 1px solid black; padding: 2px;">4494.02</span>   | <span style="border: 1px solid black; padding: 2px;">11419.38</span>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | <span style="border: 1px solid black; padding: 2px;">145562.14</span> | <span style="border: 1px solid black; padding: 2px;">145562.14</span> |
| 7. Total Disbursements (from Line 31) .....   | <span style="border: 1px solid black; padding: 2px;">3000.00</span>   | <span style="border: 1px solid black; padding: 2px;">3000.00</span>   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <span style="border: 1px solid black; padding: 2px;">142562.14</span> | <span style="border: 1px solid black; padding: 2px;">142562.14</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 1 | 2 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 1 | 2 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A).....   | 3284.90                       | 6147.80                           |
| (ii) Unitemized .....  | 1209.12                       | 5271.58                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►   | 4494.02                       | 11419.38                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ► | 4494.02                       | 11419.38                          |
| 12. Transfers From Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....  | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....  | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....            | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....  | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►                         | 4494.02                       | 11419.38                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►                                  | 4494.02                       | 11419.38                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 3000.00                       | 3000.00                           |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 3000.00                       | 3000.00                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3000.00                       | 3000.00                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 4494.02                       | 11419.38                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 4494.02                       | 11419.38                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 0.00                          | 0.00                              |

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Denise Ameye**

Mailing Address 3606 Conrad St.

City State Zip Code  
Philadelphia PA 19129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : A2012-674691**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Denise Ameye**

Mailing Address 3606 Conrad St.

City State Zip Code  
Philadelphia PA 19129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : A2012-674728**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Michael Bahr**

Mailing Address 4669 W. Vista Drive

City State Zip Code  
Highland UT 84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2012

**Transaction ID : A2012-674635**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Bahr**

Mailing Address 4669 W. Vista Drive

City  
Highland

State Zip Code  
UT 84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : A2012-674673**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Michael Bahr**

Mailing Address 4669 W. Vista Drive

City  
Highland

State Zip Code  
UT 84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : A2012-674710**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. George Bennett**

Mailing Address 5020 Old Oak Terrace

City  
Roswell

State Zip Code  
GA 30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2012

**Transaction ID : A2012-674643**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

## **A. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive

City State Zip Code  
 Midlothian VA 23114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : A2012-674661**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **B. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive

City State Zip Code  
 Midlothian VA 23114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : A2012-674698**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **C. Brian Britt**

Mailing Address 330 West Meadow Drive

City State Zip Code  
 Mechanicsburg PA 17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : A2012-674674**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Brian Britt**

Mailing Address 330 West Meadow Drive

City State Zip Code  
 Mechanicsburg PA 17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 30 / 2012

**Transaction ID : A2012-674711**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. David Fields**

Mailing Address 465 Scaife Road

City State Zip Code  
 Sewickley PA 15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

03 / 02 / 2012

**Transaction ID : A2012-674652**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**C. David Fields**

Mailing Address 465 Scaife Road

City State Zip Code  
 Sewickley PA 15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

03 / 16 / 2012

**Transaction ID : A2012-674689**

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

424.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. David Fields**

Mailing Address 465 Scaife Road

City State Zip Code  
 Sewickley PA 15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : A2012-674726**

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

**B. Janet Hamner**

Mailing Address 10219 Pemcrest

City State Zip Code  
 San Antonio TX 78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : A2012-674678**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Janet Hamner**

Mailing Address 10219 Pemcrest

City State Zip Code  
 San Antonio TX 78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : A2012-674715**

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Lovell Harmon**

Mailing Address 123 Ithan Lane

City State Zip Code  
 Collegeville PA 19426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2012

**Transaction ID : A2012-674647**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Lovell Harmon**

Mailing Address 123 Ithan Lane

City State Zip Code  
 Collegeville PA 19426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : A2012-674684**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Lovell Harmon**

Mailing Address 123 Ithan Lane

City State Zip Code  
 Collegeville PA 19426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : A2012-674721**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Michael King**

Mailing Address 3931 Trials Way West

City State Zip Code  
Doylestown PA 18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : A2012-674690**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Michael King**

Mailing Address 3931 Trials Way West

City State Zip Code  
Doylestown PA 18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : A2012-674727**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Dawn Milstead**

Mailing Address 1611 Baldwin Lane

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2012

**Transaction ID : A2012-674650**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

## **A. Dawn Milstead**

Mailing Address 1611 Baldwin Lane

City

Harrisburg

State

PA

Zip Code

17110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 16 / 2012

Transaction ID : A2012-674687

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. Dawn Milstead**

Mailing Address 1611 Baldwin Lane

City

Harrisburg

State

PA

Zip Code

17110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

03 / 30 / 2012

Transaction ID : A2012-674724

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. Timothy Nolan**

Mailing Address 17 Greenbriar Circle

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

03 / 02 / 2012

Transaction ID : A2012-674642

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

342.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Timothy Nolan**

Mailing Address 17 Greenbriar Circle

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : A2012-674680**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Timothy Nolan**

Mailing Address 17 Greenbriar Circle

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : A2012-674717**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Mary Louise Osborne**

Mailing Address 234 Overbrook Road

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2012

**Transaction ID : A2012-674638**

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

464.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Louise Osborne**

Mailing Address 234 Overbrook Road

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

03 / 16 / 2012

**Transaction ID : A2012-674676**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Mary Louise Osborne**

Mailing Address 234 Overbrook Road

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

03 / 30 / 2012

**Transaction ID : A2012-674713**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. Douglas Porter**

Mailing Address 5 Goff Road

City

Anneville

State

PA

Zip Code

17003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 02 / 2012

**Transaction ID : A2012-674648**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

260.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Douglas Porter**

Mailing Address 5 Goff Road

City

Anneville

State

PA

Zip Code

17003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : A2012-674685**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Douglas Porter**

Mailing Address 5 Goff Road

City

Anneville

State

PA

Zip Code

17003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : A2012-674722**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Howard Cutler**

Mailing Address 625 Wyndrise Drive

City

Blue Bell

State

PA

Zip Code

19422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2012

**Transaction ID : A2012-674646**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Howard Cutler**

Mailing Address 625 Wyndrise Drive

City

Blue Bell

State

PA

Zip Code

19422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

03 / 16 / 2012

**Transaction ID : A2012-674683**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Howard Cutler**

Mailing Address 625 Wyndrise Drive

City

Blue Bell

State

PA

Zip Code

19422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

03 / 30 / 2012

**Transaction ID : A2012-674720**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Steven Robino**

Mailing Address 12915 Grant Street

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 30 / 2012

**Transaction ID : A2012-674705**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Ann Stoepfelwerth**

Mailing Address 4360 S. Victor Avenue

City State Zip Code  
 Tulsa OK 74105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 16 2012

Transaction ID : A2012-674677

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**B. Ann Stoepfelwerth**

Mailing Address 4360 S. Victor Avenue

City State Zip Code  
 Tulsa OK 74105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 30 2012

Transaction ID : A2012-674714

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.00

3284.90

